Best Available COP

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09938870

CLAIMS AS FILED - PART I						SMALL ENTITY			TITY		OTHER												
(Column 1) TOTAL CLAIMS					(Colur	mn 2)	Ţ	TYPE -		OR	SMALL												
10	TAL CLAIMS							RATE	FEE		RATE	FEE											
FOR .			NUMBER F	NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00											
TOTAL CHARGEABLE CLAIMS			/7 min	/7 minus 20=		. 8		X\$ 9=		OR	X\$18=												
IND	EPENDENT CL	AIMS	√ mii	minus 3 =		• /		X40=		OR	X80=	80 -											
MULTIPLE DEPENDENT CLAIM PRESENT								+135=	= :	OR	+270=												
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	790 -											
CLAIMS AS AMENDED - PART								'		0	OTHER												
		(Column 1)		(Colur	mn 2)	(Column 3)		SMALL E	NTITY	OR	SMALL	ENTITY											
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total	•	Minus	**		=		X\$ 9=	·	OR	X\$18=												
	Independent	*	Minus	***	- CI AIA4	=		X40=		OR	X80=												
	FIRST PRESENTATION OF MULTIPLE DE			EPENDENT CLAIM			J [+135= ·		OR	+270=												
.*							L	TOTAL			TOTAL	•											
٠		(Column 1)	(Column 2) (Column 3)					DDIT. FEE		_	ADDIT. FEE												
AMENDMENT B		CLAIMS		HIGH	HEST		1 _	•	ADDI-		· ·	ADDI-											
		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE											
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	·											
	Independent	•	Minus	***		=		X40=		OR	X80=												
	FIRST PHESE	NTATION OF MI	JLTIPLE DEF	ENDEN	CLAIM		7	+135=		OR	+270=												
			· - · ·					TOTAL		011	TOTAL												
	(Column 1)		(Column 2			(Column 3)		DDIT. FEE		JO. 1	ADDIT. FEE												
		(Column 1) CLAIMS			mn 2) HEST	(Column 3)	1 -		1001	l 1	-	4201											
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
	Total		Minus	**		=] [X\$ 9=		OR	X\$18=	ï											
	Independent	•	Minus	***		=] [X40=		OR.	=03X												
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				T CLAIM		┚┞																
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	+270=												
***	If the "Highest Nu If the "Highest Nu	mber Previously Parity Previously P	aid For IN THI aid For IN THI	IS SPACE	is less tha is less tha	n 20, enter "20. In 3, enter "3."	~	DDIT. FEE	ropriate box		** If the entry in column 1 is less than the entry in column 2, write "U" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												